



CITY OF NEWPORT

APPLICATION FOR EMPLOYMENT

NOTICE:

Read these instructions prior to completing application. If you have any questions about the application or information requested, you should inquire of the Personnel Department prior to completion.

If you find any information requested to be objectionable or offensive to you, please state your reasons for same in lieu of answering the question.

THE CITY OF NEWPORT, KENTUCKY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR VETERAN STATUS IN EMPLOYMENT OPPORTUNITIES AND BENEFITS.

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, physical, alcohol/drug test and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please call the following number: (859) 292-3682.

Prior to completing this application be sure to read the JOB DESCRIPTION of the position for which you are applying. As you complete this application, please bear in mind the following:

- - We reserve the right to check all information for accuracy and completeness.
- - All applications for employment are a matter of public record.
- - If you need accommodation in order to complete this application, please notify the municipality.
- - Police Department Applicants requires completion of PART VI.
- - Fire Department Applicants requires completion of PART VII.
- - POLICE AND FIRE APPLICANTS NEED TO ATTACH THE FOLLOWING INFORMATION TO THEIR APPLICATION:

- 1) Birth Certificate
- 2) High School Diploma or GED
- 3) Military Discharge (if applicable)
- 4) Driver's License

**PART I
GERNERAL INFORMATION**

Date: _____ Position Desired: _____

ARE YOU APPLYING FOR: Full Time _____ Part Time _____ Seasonal _____

If Part Time, What Days/Hours are you available? _____

HAVE YOU BEEN EMPLOYED BY THE CITY BEFORE (circle) YES NO

DO YOU HAVE ANY RELATIVES, BY BLOOD OR MARRIAGE, CURRENTLY
EMPLOYED BY THE CITY? (circle) YES NO

If the answer to the preceding question is in the affirmative, state:

Name of relative currently employed _____

What relation to you _____

Position of relative with City _____

**PART II
PERSONAL INFORMATION**

NAME: _____
Last First Middle

SOCIAL SECURITY #: _____

PHONE NUMBER: Home: _____ Work: _____

ADDRESS: _____
Number Street
City State Zip Code

ARE YOU A U.S. CITIZEN? (circle) YES NO If not, what is your immigration
status? _____

ARE YOU OVER THE AGE OF 18? (circle) YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (circle) YES NO
If yes, please explain: _____

NOTE: This may be relevant if job-related, but does not bar you from employment.

DO YOU HOLD A VALID DRIVER'S LICENSE? (circle) YES NO

If so, State of Issue: _____

Date of Issue: _____ Please attach a photocopy of same.

PART III
EDUCATION AND TRAINING

High School Attended: _____

City State

DO YOU HAVE A HIGH SCHOOL DIPLOMA? (circle) YES NO

Please list other education you have received:

College/University/Trade or Business Schools Attended	City/State	Degree Earned? – Type of Degree	Major Area of Study

List other training received (special courses, work training programs, armed forces training, etc.): _____

List special qualifications and skills (licenses, skills with machines, patents or inventions, publications, etc.): _____

Were you in the Armed Services? ____ YES ____ NO Branch of Service _____
Dates of Duty: FROM _____ TO _____

PART IV
JOB DESCRIPTION DATA

Based on the JOB DESCRIPTION of the position for which you are applying:

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU'VE APPLIED:

____ Yes, and I will not need reasonable accommodations in order to perform the essential functions.

____ Yes, but I will need reasonable accommodations in order to perform the essential functions (Please complete the next question.)

What accommodations will you need in order to adequately perform the essential functions of the position? _____

REFERENCES

Name	Address	Years Known	Phone

PART V PRIOR EMPLOYMENT RECORD

List below all present and past employment information and/or substantive volunteer work:

Dates		
Employed By:		
Address:		
Salary:		
Reason Leaving		
Duties Performed:		

Dates		
Employed By:		
Address:		
Salary:		
Reason Leaving		
Duties Performed:		

** ANY ADDITIONAL EMPLOYMENT, PLEASE USE SEPARATE SHEET OF PAPER.

***** IMPORTANT *****

VERIFICATION

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

WAIVER

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others who I have indicated may be contacted.

RELEASE

I hereby release any and all individuals, companies and organizations to provide requested data to the City of Newport, Kentucky, its agents and employees, so that the City may verify the contents of this application and my suitability for employment.

Applicant's Signature

Date

PART VI POLICE DEPARTMENT APPLICANTS

WAIVER OF RESPONSIBILITY RELATED TO TESTING FOR PHYSICAL CAPABILITIES

I fully understand that the duties of the Police Department personnel are physically demanding. Further that I am required to participate in and pass a most rigorous physical capabilities testing process. **This series of tests, conducted during one day and/or evening, includes such exercises as sit ups, running one and one half miles, swimming, treading water, pushups, pull ups, lifting and carry weights (up to 125 pounds) and other similar exercises.**

Knowing of these demands of comparative testing, I proclaim that I am physically and psychologically fit to perform and to participate in such testing; and **FURTHER**, that I absolve the City of Newport, or their representatives of any and all responsibility relating to such testing directly related to any past, or pre-existing, or current conditions, known that might result in injury, in any form, as a result of such testing.

I, alone, assume full responsibility.

POLICE DEPARTMENT APPOINTMENT AGREEMENT

I have been fully informed concerning **COMMISSIONERS ORDINANCE NO. O-87-64**, which stipulates that all Police Department appointees agree to reimburse the City of Newport, Kentucky for their training expenses as set out in said Ordinance **IF**: (A) They terminate their employment within three years of their appointment date and (B) **IF**, within that period of three years they become employed by another governmental unit or entity as a member of the Police service.

Specific Stipulations: AN APPOINTEE WHO:

1. Works in their appointed service for more than three years from their appointment date shall be free of all training expense reimbursement obligations.
2. Accepts employment, as described above, after their second anniversary date, but prior to the start of their third year shall receive a credit for the sum of forty-five hundred dollars (\$4,500.00).
3. Accepts employment, as described above, after their first anniversary date, but prior to the start of their second year shall receive a credit for the sum of three thousand dollars (\$3,000.00).
4. Accepts employment, as described above, prior to their first anniversary date, shall receive a credit for the sum of one thousand dollars (\$1,000.00).

I further acknowledge that the direct pay and non-direct pay compensation structure has been fully and carefully explained to me; and has been accepted by me as a condition of employment.

RESIDENCY REQUIREMENT FOR POLICE DEPARTMENT

Any person appointed to the Police Department must either be a resident, and agree to maintain such residency, in the State of Kentucky; or must, hereby, agree to take up such residency, and maintain same, within six (6) months following successful completion of their probationary period. Or within eighteen months from the date of their appointment. Any employee found not to be in compliance with this ordinance, at any future time, may be required to show just case as to why they should not be dismissed from their employment with the City of Newport.

Date

Signature

PART VII FIRE DEPARTMENT APPLICANTS

WAIVER OF RESPONSIBILITY RELATED TO TESTING FOR PHYSICAL CAPABILITIES

I fully understand that the duties of the Fire Department personnel are physically demanding. Further that I am required to participate in and pass a most rigorous physical capabilities testing process. **This series of tests, conducted during one day and/or evening, includes such exercises as sit ups, running one and one half miles, swimming, treading water, pushups, pull ups, lifting and carry weights (up to 125 pounds) and other similar exercises.**

Knowing of these demands of comparative testing, I proclaim that I am physically and psychologically fit to perform and to participate in such testing; and **FURTHER**, that I absolve the City of Newport, or their representatives of any and all responsibility relating to such testing directly related to any past, or pre-existing, or current conditions, known that might result in injury, in any form, as a result of such testing.

I, alone, assume full responsibility.

FIRE DEPARTMENT APPOINTMENT AGREEMENT

I have been fully informed concerning **COMMISSIONERS ORDINANCE NO. O-87-64**, which stipulates that all Fire Department appointees agree to reimburse the City of Newport, Kentucky for their training expenses as set out in said Ordinance **IF**: (A) They terminate their employment within three years of their appointment date and (B) **IF**, within that period of three years they become employed by another governmental unit or entity as a member of the Fire service.

Specific Stipulations: AN APPOINTEE WHO:

5. Works in their appointed service for more than three years from their appointment date shall be free of all training expense reimbursement obligations.
6. Accepts employment, as described above, after their second anniversary date, but prior to the start of their third year shall receive a credit for the sum of forty-five hundred dollars (\$4,500.00).
7. Accepts employment, as described above, after their first anniversary date, but prior to the start of their second year shall receive a credit for the sum of three thousand dollars (\$3,000.00).
8. Accepts employment, as described above, prior to their first anniversary date, shall receive a credit for the sum of one thousand dollars (\$1,000.00).

I further acknowledge that the direct pay and non-direct pay compensation structure has been fully and carefully explained to me; and has been accepted by me as a condition of employment.

RESIDENCY REQUIREMENT FOR FIRE DEPARTMENT

Any person appointed to the Fire Department must either be a resident, and agree to maintain such residency, in the State of Kentucky; or must, hereby, agree to take up such residency, and maintain same, within six (6) months following successful completion of their probationary period. Or within eighteen months from the date of their appointment. Any employee found not to be in compliance with this ordinance, at any future time, may be required to show just case as to why they should not be dismissed from their employment with the City of Newport.

Date

Signature

This Employment Application is designed to be continuing in nature as to all information contained herein.

Between the date of completing this employment application and the date of notification of my possible appointment to a City position, I hereby agree to inform the Human Resources Division, of any change in:

1. My physical well being or injury that may have occurred. This includes any medical procedure, which a physician diagnoses as necessary or may be necessary.
2. Update my arrest record, including felonies, D.U.I.'s reckless driving, traffic violations, license suspensions or automobile accidents.
3. All other information or data contained in the application.

Failure to inform Human Resources could be cause for disciplinary action up to dismissal and/or might seriously impact my medical benefits.

In addition if any physical, mental or emotional condition exists which could impair my ability to perform my job in an unrestricted manner I agree to provide a doctors statement so indicating and indicating what type of accommodations I might require to perform the requirements of the position to which I may be appointed.

Applicant's signature _____ Date _____